

OIL AND SOLID FUEL EXAMINATION APPLICATION

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION

OIL AND SOLID FUEL BOARD

35 STATE HOUSE STATION

AUGUSTA, ME 04333

TEL: (207)624-8672 FAX: (207)624-8636

HEARING IMPAIRED: 1-888-577-6690

Office Use Only

Lic. #: _____

Auth: _____

Cash #: _____

4320-1446 \$ 25.00

Revised: 10/2005

APPLICATION

IMPORTANT: You must submit and mail **ALL MATERIALS** to the Oil and Solid Fuel Board together with a \$25.00 non-refundable application fee.

TYPE OF EXAMINATION

MASTER

- ☐ 1 & 2 Oils up to 15 gph
☐ 1 & 2 Oils over 15 gph
☐ 4, 5 & 6 Oils Only
☐ Solid Fuel (Master Only)

JOURNEYMAN

- ☐ 1 & 2 Oils up to 15 gph
☐ 1 & 2 Oils over 15 gph
☐ 4, 5 & 6 Oils Only

\$25.00 Application Fee. PAYMENT OPTIONS:

☐ Check or Money Order Payable to "Treasurer State of

Maine".

☐ Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA - - Exp. Date ____/____/____ in the amount of \$25.00 (application fee). Signature: _____

NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant (Legal Name): _____

Contact Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____

Social Security Number: _____

Date of Birth: ____/____/____

Sex: ☐ Male ☐ Female

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

Do you or have you ever held any type of oil and/or solid fuel license in the State of Maine?
☐Yes ☐No If yes, what type of license: ☐Master ☐Journeyman ☐Apprentice

Date Issued: _____ Date Expired: _____

Has this license ever been revoked or suspended? ☐Yes ☐No If Yes, provide appropriate dates of suspension or revocation.

Date Issued: _____ Date Expired: _____

Do you or have you ever held any type of oil and/or solid fuel license in any other State?
☐Yes ☐No If yes, what type of license: _____

Date Issued: _____ Date Expired: _____

PROVIDE A COPY OF SUCH LICENSE.

Has this license ever been revoked or suspended? ☐Yes ☐No If Yes, provide appropriate dates of suspension or revocation.

Date Issued: _____ Date Expired: _____

TRAINING AND EDUCATION

Please complete this section by listing all heating related classes or courses you have completed, and **submit proof of completion** by diploma, certificate or transcript.

EDUCATION AND TRAINING	FROM MO. YR.	TO MO. YR.	HEATING COURSES COMPLETED
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL, TECHNICAL SCHOOL OR INSTITUTES			
OTHER			
ADDITIONAL COURSES			

EMPLOYMENT RECORD: In the space provided below, please furnish a record of employment you have had as an **OIL AND/OR SOLID FUEL TECHNICIAN**. START WITH PRESENT POSITION AND WORK BACK. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

PRESENT OR LAST EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OR WORK PERFORMED:	

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Signature of Applicant

Date

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AFFIDAVIT

Please complete appropriate section and be sure **AFFIDAVIT IS NOTARIZED.**

Section 1. ☐ **RESIDENT EXPERIENCE.** This section to be completed by the supervising master technician verifying licensed practical experience.

I, _____, License # _____
(Name of Master Technician)

(Company Name, Address and Phone #)

do hereby certify that _____ has been
(Name of applicant)

under my supervision as:

PLEASE CHECK BOTH IF APPLICABLE.

Dates time accumulated must be listed or affidavit will be returned.

☐ **A licensed apprentice technician**

From: _____ To: _____
Month Day Year Month Day Year

And Has Accumulated _____ Hours of actual work performed on oil and solid fuel burning equipment.

☐ **A licensed journeyman technician**

From: _____ To: _____
Month Day Year Month Day Year

And Has Accumulated _____ Hours of actual work performed on oil and solid fuel burning equipment.

Signature of Master Technician

Date

Section 2. ☐ **NON-RESIDENT EXPERIENCE.** This section to be completed by the current or former employer verifying practical experience.

I, _____,
(Name of Employer)

(Company Name, Address and Phone #)

do hereby certify that _____ has been under my
(Name of Applicant)

supervision as a(n) _____ and performing the
(Title of Position)

following list of duties: _____

From: _____ To: _____
Month Day Year Month Day Year

Signature of Employer

Date

Section 3. ☐ **NON-RESIDENT EXPERIENCE (SELF-EMPLOYED).** This section to be completed by a community leader who has knowledge of the applicant's existence in business. (three (3) separate community leaders needed)

I, _____
(Community Leader)

_____, _____
(Street/P.O. Box/City/State/Zip) (Phone Number)

do hereby acknowledge that _____ has been in the oil
(Name of Applicant)

burning and solid fuel trade from: _____ To: _____
Month Day Year Month Day Year

Signature of Community Leader Date

THIS SECTION MUST BE COMPLETED BY THE NOTARY

State of _____

County of _____

The within named _____ personally appeared
(Master technician, employer or community leader)

before me and being duly sworn according to law deposes and says that the answers set forth in this affidavit are complete to the best of his/her knowledge and belief.

Sworn and subscribed to before me this _____ day of _____

20 ____.

Notary Signature

My Commission Expires: